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| TRANSMITTAL LETTER TO THE UNITED STATES<br>DESIGNATED/ELECTED OFFICE (DO/EO/US)<br>CONCERNING A FILING UNDER 35 U.S.C. 371                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                   | Attorney Docket No.<br><b>8028-1058</b><br>U.S. Application No.<br><b>10/562918</b> |
| INTERNATIONAL APPLN. NO.<br><b>PCT/JP2004/009144</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | INTERNATIONAL FILING DATE<br><b>June 29, 2004</b> | PRIORITY DATE CLAIMED<br><b>June 30, 2003</b>                                       |
| TITLE OF INVENTION: <b>COMMUNICATION SYSTEM</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                   |                                                                                     |
| APPLICANT(S) FOR DO/EO/US: <b>Shinichi MORIMOTO</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                   |                                                                                     |
| <p>Applicant herewith submits to the United States Designated Elected Office (DO/EO/US) the following items and other information:</p> <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> This is a <b>FIRST</b> submission of items concerning a filing under 35 U.S.C. 371.</li> <li><input type="checkbox"/> This is a <b>SECOND</b> or <b>SUBSEQUENT</b> submission of items concerning a filing under 35 U.S.C. 371.</li> <li><input checked="" type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371(f)).<br/>The submission must include items (5), (6), (9) and (21) indicated below.</li> <li><input checked="" type="checkbox"/> The US has been elected (Article 31).</li> <li><input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371 (c)(2))             <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau).</li> <li><input type="checkbox"/> has been communicated by the International Bureau. See attached PCT/IB/308.</li> <li><input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US).</li> </ol> </li> <li><input type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371 (c)(2))             <ol style="list-style-type: none"> <li><input type="checkbox"/> is attached hereto.</li> <li><input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4).</li> </ol> </li> <li><input type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371 (c)(3))             <ol style="list-style-type: none"> <li><input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau).</li> <li><input type="checkbox"/> have been communicated by the International Bureau.</li> <li><input type="checkbox"/> have not been made, however, the time limit for making such amendments has NOT expired.</li> <li><input type="checkbox"/> have not been made and will not be made.</li> </ol> </li> <li><input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371 (c)(3)).</li> <li><input checked="" type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4))</li> <li><input type="checkbox"/> A Declaration of Inventorship for purposes of U.S.A. designation pursuant to rule 4.17(iv). ))</li> <li><input type="checkbox"/> An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)).</li> </ol> <p><b>Items 12 to 23 below concern document(s) or information included:</b></p> <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> Information Disclosure Statement (IDS) w/PTO-1449 - <input type="checkbox"/> Copy of IDS citations. - <input checked="" type="checkbox"/> PCT/ISA/210 International Search Report included</li> <li><input checked="" type="checkbox"/> Assignment Papers (cover sheet &amp; document(s)).</li> <li><input type="checkbox"/> A preliminary amendment.</li> <li><input checked="" type="checkbox"/> An Application Data Sheet under 37 C.F.R. 1.76.</li> <li><input checked="" type="checkbox"/> Itemized Return Receipt Postcard</li> <li><input checked="" type="checkbox"/> Abstract</li> <li><input type="checkbox"/> A substitute specification.</li> <li><input type="checkbox"/> Power of Attorney and Statement under 37 CFR §3.73(b)             <ol style="list-style-type: none"> <li><input type="checkbox"/> Newly executed Power of Attorney</li> <li><input type="checkbox"/> A change of Power of Attorney and/or change of address letter.</li> </ol> </li> <li><input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR 1.821 - 1.825.</li> <li><input type="checkbox"/> A second copy of the published international application under 35 U.S.C. 154(d)(4).</li> <li><input type="checkbox"/> A second copy of the English language translation of the international application (35 U.S.C. 154(d)(4)).</li> <li><input type="checkbox"/> Other items or information: _____</li> </ol> |                                                   |                                                                                     |

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| U.S. APPLICATION NO.<br><b>10/562918</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                      | INTERNATIONAL APPLN. NO.<br>PCT/JP2004/009144 |                                                                                                   | ATTORNEY DOCKET NO.<br>8028-1058 |                                     |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.<br><input checked="" type="checkbox"/> The following fees are submitted:                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                      |                                               |                                                                                                   |                                  | <b>CALCULATIONS</b><br>PTO USE ONLY |
| <b>PCT FEES - NATIONAL STAGE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                      |                                               |                                                                                                   |                                  |                                     |
| <b>Fee Description</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                      |                                               |                                                                                                   |                                  |                                     |
| Basic National Stage Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                      |                                               |                                                                                                   | \$300.00                         |                                     |
| Non ISA/US Search Provided                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                      | National Stage Search Fee                     |                                                                                                   | \$400.00                         |                                     |
| <input type="checkbox"/> US was the IPEA And all claims satisfied the provisions of PCT Article 33 (1)-(4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                      | National Stage Examination Fee                |                                                                                                   | \$200.00                         |                                     |
| Surcharge of \$130.00 for furnishing the oath or declaration later than <input type="checkbox"/> 20- <input checked="" type="checkbox"/> 30 months from the earliest claimed priority date (Fee Code 1617/2617)                                                                                                                                                                                                                                                                                                                                                                                          |                                                      |                                               |                                                                                                   | \$0.00                           |                                     |
| <b>National Stage Application</b><br>size fee each additional 50 sheets in excess of 100<br><br>Fee Code 1681/2681                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Additional Sheets</b><br>66 - 100 = 0 = 0 X<br>50 |                                               | <b>Fee From Below</b><br><b>\$125.00</b>                                                          | \$0.00                           |                                     |
| <b>CLAIMS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                      | <b>NUMBER FILED</b>                           | <b>NUMBER EXTRA</b>                                                                               | <b>RATE</b>                      |                                     |
| Independent Claims Fee Codes 1614 / 2614                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                      | - 3 =                                         |                                                                                                   | x \$100.00                       | \$0.00                              |
| Total Claims Fee Codes 1615 / 2615                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                      | 16 - 20 =                                     | 0                                                                                                 | x \$25.00                        | \$0.00                              |
| MULTIPLE DEPENDENT CLAIM(S) (if applicable) Fee Code 1616 / 2616                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                      |                                               |                                                                                                   | + \$360.00                       | \$0.00                              |
| Processing fee of \$130.00 for furnishing the English translation later than <input type="checkbox"/> 20 <input checked="" type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(f)). Fee Code 1618                                                                                                                                                                                                                                                                                                                                                                          |                                                      |                                               |                                                                                                   | \$130.00                         |                                     |
| Fee for recording the enclosed assignment (37 CFR 1.21(h)). (Fee code 8021)<br>\$40.00 per property +                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                      |                                               |                                                                                                   | \$40.00                          |                                     |
| <b>TOTAL FEES ENCLOSED =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                      |                                               |                                                                                                   | <b>\$1,070.00</b>                |                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                      |                                               |                                                                                                   | <b>Amount to be refunded:</b>    | \$                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                      |                                               |                                                                                                   | <b>Charged:</b>                  | \$                                  |
| <input checked="" type="checkbox"/> A check in the amount of \$1,070.00 to cover the above fees is attached.<br><input type="checkbox"/> The Director is hereby authorized to charge indicated fees and credit any overpayment to Deposit Account No. 25-0120 in the name of Young & Thompson. A duplicate copy of this sheet is enclosed.<br><input checked="" type="checkbox"/> The Director is hereby authorized in this, concurrent, and future replies, to charge payment or credit any overpayment to Deposit Account No. 25-0120 for any additional fee required under 37 C.F.R. §§ 1.16 or 1.17. |                                                      |                                               |                                                                                                   |                                  |                                     |
| SEND ALL CORRESPONDENCE TO:<br>YOUNG & THOMPSON<br>745 South 23 <sup>rd</sup> Street<br>Arlington, VA 22202<br>Telephone: (703) 521-2297<br>Facsimile: (703) 685-0573                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                      |                                               | <br>SIGNATURE |                                  |                                     |
| Y&T Customer No. <b>00466</b><br>BC/gw                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                      |                                               | Benoit Castel, Reg. No. 35,041<br>NAME, REGISTRATION NUMBER                                       |                                  |                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                      |                                               | December 29, 2005<br>DATE                                                                         |                                  |                                     |